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Bib Data Sheet

CONFIRMATION NO. 1432

|  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
|--|--|-----------------------------------|-------------------------------|--|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/057,087   | <b>FILING DATE</b><br>01/26/2002<br><b>RULE</b>  | <b>CLASS</b><br>708               | <b>GROUP ART UNIT</b><br>2121 | <b>ATTORNEY DOCKET NO.</b><br>ESST-02900 |                                   |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Andrew Martin Mallinson, Kelowna, CANADA;<br><b>** CONTINUING DATA *****</b><br><i>Nre</i><br><b>** FOREIGN APPLICATIONS *****</b><br>CANADA 2,332,609 01/29/2001<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/25/2002</b>   |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>men</i><br>Verified and Acknowledged<br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>8    | <b>TOTAL CLAIMS</b><br>20                | <b>INDEPENDENT CLAIMS</b><br>6    |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>David R. Stevens<br>Stevens & Westberg, LLP<br>Suite 201<br>99 North First Street<br>San Jose, CA 95113  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <b>TITLE</b><br>High speed filter  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>1510   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> |                                   |                               |  | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )   |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )   |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____   |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Credit  |  |                                   |                               |  |                                   |   |  |  |                                      |                                 |